

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		/				
3		/				
4	/					
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6		/				
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TOTAL IND.

2

TOTAL DEP.

36

TOTAL CLAIMS

28

	IND	DEP	IND	DEP
51				
52				
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100				

TOTAL IND.

2

TOTAL DEP.

36

TOTAL CLAIMS

28